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## BOROUGH of GOSPORT

ANNUALI REPORT

of the

MEDICAL OFFICER OF HEALTH

P. V. PRITCHARD
M.D., F.R.G.P. (Edin.), F.R.F.P.S. (Glas.), D.P.H.

For the Year

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### HEALTH COMMITTEE

## 1955-56

His Worship The Mayor Alderman H.T.ROGERS, O.B.E.

Chairman:

Alderman J.A.WHEELER, J.P.

Vice-Chairman:

Councillor C.W.L.GILES

Aldermen:

A.R.NOBES, O.B.E., J.P.

L.C.OLD

Councillors:

F.J.BAILEY

T.V.BRITTON

Mrs B.CARTER

W.A.CHIDLOW E.T.W.LANDER A.K.DIBLEY H.R.PINK J.KEAST H.D.THWAYTES

Alterations for 1956-57:-

Alderman I.C.T.MORGAN in place of Alderman A.R.NOBES, O.B.E., J.P. Councillor W.ROGERS " " Councillor T.V.BRITTON

## HOUSING COMMITTEE

## 1955-56

His Worship The Mayor Alderman H.T.ROGERS, O.B.E.

Chairman:

Alderman A.R.NOBES, O.B.E., J.P.

Vice-Chairman:

Alderman L.C.OLD

Aldermen:

H.TURNER

J.A.WHEELER, J.P.

Councillors:

Sir W.AGNEW C.W.L.GILES

Mrs B.CARTER E.A.R.GRINDEY A.K.DIBLEY E.G.HABENS

H.G.C.M.JARRETT

I.NICHOLLS

E.W.J.PAYNE

F.G.ROBERTS

Alteration for 1956-57:-

Councillor S.W.MABEY in place of Councillor E.A.R.GRINDEY

## STAFF

## Medical Officer of Health

G.W.FLEMING, L.R.C.P & S, L.R.F.P & S, D.P.H. (Retired 6.2.55) P.V.PRITCHARD, M.D., F.R.C.P.(Edin), F.R.F.P.S.(Glas), D.P.H. (Since 7.2.55)

## Senior Public Health Inspector

H.G.COPE, M.R.San.I, Meat & Food Insp Cert

## Public Health Inspectors

A.W.P.ROBINSON, Cert R San I, Meat & Food Insp Cert J.M.MELROSE, Cert R San Assoc Scot F.O.ELLIOTT, Cert R San I

## Shops Acts Inspector

A. E. GORMAN

### Senior Clerk

H. J. MOORE

### Assistant Clerks

Miss J. G. FISHER

A. BELL (National Service from 1.2.55)

Miss J. M. CLEVERLEY (From 12.4.55)

## Rodent Control Operator

P. DOWSETT

### Mortuary Attendant and Disinfector

F. J. EVANS

## Mosquito Sprayer and Deputy Mortuary Attendant and Disinfector

S. C. BENNER

## Divisional School Health Department Clerks (County Council)

Miss M. THOMPSON Mrs. M. I. TOVEY

## Town Clerk

E. G. J. ADDENBROOKE, O.B.E., B.A. (Oxon), F.R.G.S.

## INTRODUCTION and GENERAL COMMENTS

To The Mayor, Aldermen and Councillors of the Borough of Gosport.

Mr. Mayor, Ladies and Gentlemen,

- 1. I have the honour to present this ANNUAL REPORT on the first year of my service to Gosport.
  - 2. This is a suitable occasion and proper place to make some GENERAL OBSERVATIONS.
- 3. HEALTH has been defined by the World Health Organisation as being the state of Physical, Mental and Social wellbeing.
- 4. Public Health, or to use the more modern title, SOCIAL MEDICINE, is based on this definition. It is the science which studies the causes and cures of the deviations from the accepted normals of the Physically Mentally and Socially fit.
- 5. A PUBLIC HELITH DEPERTMENT, if it is doing its job properly, should ensure that a service covering these three basic principles is provided for the community.
- 6. It is accepted that many of the above deviations are preventable and that it is the duty of the PREVENTIVE MEDICINE service, which is another title for the Public Health Department, to attack the problem from that angle.
- 7. It is furthermore accepted in modern practice that the Department must take special measures to establish POSITIVE HE LTH.
- 8. Briefly then we have A DUTY to prevent the preventable accidents to health in its World Health Organisation definition. We must go further and ensure that the people are assisted in maintaining a healthy standard and we must encourage the practice of Positive Health.
- 9. Where these duties are carried out successfully THE BENEFIT is not confined to the actual person concerned. Everybody shares. As a child he is less trouble to his parents. His schooling has a stronger foundation. As an adult he is a better unit in the community and a parent in the family. He will be less of a charge on the public purse by his fewer calls on the Medical and Social Services. It is, therefore, in a long term policy, an economy in very respect to provide a sound Public Health Service.
- 10. The problem of TREATMENT VERSUS PREVENTION is one which will have to be given greater consideration in the near future. The costs of the treatment side of the Health Services the General Practitioners, the prescriptions, the Hospitals and the Specialists are rising rapidly. Much can be done to relieve that burden by providing a comprehensive Public Health Scheme. At present only a small fraction of the total and collosal expenditure on Health and Welfare is being directed to this branch. A Stitch in Time Saves Nine:
- 11. Lest any reader might wish to challenge MY DUTY AND RIGHT in bringing these matters to your attention may I draw attention to what the Ministry of Health's Chief Medical Officer has to say about Annual Reports such as is now being presented to you:-

"The preparation of the Medical Officer of Health's ANNUAL REPORT should not be considered as a purely repetitive labour. Factual statements they must, of necessity, contain, but reports of this kind should be something more than a mere catalogue of routine activities. Where in an introduction or in interspersed comment, these social documents, for such they are, should bear widence of constructive thought and of a desire to convey to members of the local authority and of the public alike a clear exposition of the purpose and function of the Health Department, of its past and present contributions and of the problems which remain to be solved. The

Medical Officer of Health should also look upon his annual report not only as a valuable instrument of health education, but also as a source of inspiration and encouragement to those co-workers who are concerned with him in maintaining the health of the community."

There does seem to me to be some misunderstanding as to the FUNCTIONS OF A MEDICAL OFFICER OF HEALTH. The Ministry's memorandum on the subject and their Reports set out certain fundamental advice. Let me quote some extracts:-

"The chief function of the Medical Officer of Health is to safeguard the health of the area for which he acts by such means as are at his disposal, and to advise his Authority how knowledge of public health and preventive medicine can be made available and utilised for the benefit of the community. He should endeavour to acquire an accurate knowledge of the influences, social, environmental and industrial, which may operate prejudicially to health in the area, and of the agencies, official or unofficial, whose help can be invoked in amelioration of such influences. While he has special duties for the prevention of infectious diseases, all morbid conditions contributing to a high sickness rate or mortality in the area from these or other causes should be studied with a view to their prevention or control..... this officer must possess not only clear and comprehensive vision which can

> Look into the seeds of time and say which grain will grow and which will not

but he must have courage, discernment and patienre."

13. The basic need for a successful Public Health Scheme in any area is knowledge of the subject. This must be kept up-to-date by the staff, the relevant committees and public. This is the problem of HEALTH EDUCATION. The Ministry, reporting on this say...
"Special attention was directed to the need for regarding public health education as an essential part of any National Health Policy.....Progress which at first was slow and uneven has now so far developed that there must be few Public Health Departments in the country where health education receives indifferent action....It is now regarded as a primary activity of local authorities."

Lord Woolton, as President of the Central Council for Health Education, described

Health Education as

"a new attitude towards health in which the individual is no longer content merely to be not ill but strives to achieve a state of positive, abounding health." In my experience where this has been properly presented to the public the demand is for more and more to satisfy a natural desire for knowledge about how to attain better Physical, Mental and Social Health.

- 14. Gosport has a problem of having the Health Services Administered by two Authorities THE COUNTY for the mainly personal side and THE BOROUGH for the mainly environmental side. The need for local co-ordination under one officer must be obvious to any student of the situation. It is needed to insure that the available staff and services are used economically and to the best adventage for the people of Gopport. While much has been done towards this day-to-day local control a much more generous and definite delegation of County responsibilities, as was recommended by the Ministry in circular 118 in 1947, is necessary.
- 15. One result of the SPLIT CONTROL AND RESPONSIBILITY is that my Annual Report cannot be a complete one for all the Health actions, activities and aims in Gosport. It is the Report of the Medical Officer of Health to the Gosport Borough Council. To get the complete report for the town it is necessary to study the County's Public Health and School Health Reports as well.

## COMMENTS on TABLES

- 16. AGE and SEX DISTRIBUTION of POPULATION (Table 3)
- (a) The RAPID GROWTH of GOSPORT in recent years is evident from noting that in 1921 the Population was 35,000. Ten years later it had risen by only 3,000 to 38,000. In the next 20 years however it increased by 20,000 to 58,000. Since the 1951 Census it has gone up to the Estimated Mid-Year figure of nearly 62,000.

(b) This Table also records that nearly 3,000 of the inhabitants are over 70 years of age. This problem of OLD AGE and the care of these OLD PEOPLE is increasing year by year as the proportion to the total population increases. There are about

20,000 young persons under 20 years of age so that some 23,000 inhabitants are mainly dependent on the efforts of the remaining 40,000. A large proportion of these are women who are not out at work. The situation is that more elderly people are in need of assistance in some form or other than before and in proportion there are fewer potential sources of contribution to the public purse to provide the necessary financial help.

## 17. LIVE BIRTHS and BIRTH RATES (Table 4)

Gosport's rate of 16.8 against 15.0 for the country as a whole is a comparatively high return. In Table 11 it is noted how the rate has fallen since 1911 in Gosport The average for the period 1911-1915 was 25.4, the average for 1951-1955 was 17.3.

## 18. DEATHS by AGE PERIODS AND SEX (Table 6)

(a) This table is set out in the form of Isotype information. It clearly shows the age periods of greatest death risk. There were 522 deaths in 1955 and 466 in 1954.

(b) A study of the last two columns shows that the increase in the total deaths was mainly in persons of 60 years and over.

## 19. CAUSES of DEATHS (Table 7)

(a) The MAIN CANCER GROUPS show marked increase of 12 deaths from 29 in 1954 to 41 in 1955. There is a general increase in the Country. Great interest, by laymen and scientists, is being taken in the subject. Many accepted authorities on Cancer are of the opinion that much can be done to reduce the incidence of advanced disease and death by suitable Health Education.

(b) The Table also shows a rise in mortality from the CIRCULATORY AND HEART DISEASES groups from 221 deaths in 1954 to 290 deaths in 1955. As in all studies of statistics a single year's changes in a relatively small population must be used, for any general conclusions, with reservations. In 1953 there were 252 deaths in this

group.

(c) Deaths from HOME ACCIDENTS and those not associated with Motor Vehicles have risen from 11 to 14. I have on several occasions drawn your attention to the fact that the Ministry and most Authorities agree that many, if not most, Home Accidents are preventable and that the Health Committee and Department should accept Accident Prevention as one of their important duties. This rise indicates need for reconsideration of your present policy.

## 20. DEATHS and DEATH RATE (Table 8)

Gosport's rate of 10.3 compares very favourably with the Country's 11.7.

## 21. INFANT MORTALITY and RATE (Table 10)

Gosport's rate of 22.9 is better than the rate of 24.9 for the Country as a whole which is a record for England & Wales.

### 22. HEALTH PICTURE COMPARISON (Table 11)

(a) In this Table an old five year period 1911-1915 is compared with the last five year

period 1951-1955.

(b) As is to be expected there has been an all round improvement in some cases to a remarkable degree. The most outstanding differences are found in statistics dealing with children. The deaths of children then averaged 126 a year in Gosport in a much smaller population. Now we average 35 deaths a year. The change for infants is from a Mortality Rate of nearly 100 to our present average of 24.3.

## 23. INFECTIOUS DISEASES NOTIFICATIONS and DEATHS (Table 12)

(a) FOOD POISONING shows a marked increase in incidence. It is accepted that the number of notified cases is only a small fraction of the actual cases occurring. It is a disease due mainly to the careless handling and exposure of food. It is by no means unassociated with very severe illness and death. I have on several occasions drawn your attention to the rising incidence in Gosport and to the need for a vigorous campaign to educate the public and food handlers. When we are staffed to enforce the new Food Hygiene Regulations there should be an improvement in the way food is prepared and exposed for sale.

(b) The incidence of ME.SLES rose from 15 in 1954 to 1,202 in 1955. This was greater than the expected swing every second year. It was also somewhat out of season.

- (c) The rise in PUERPER L PYREXIA from 3 to 13 has been noted as requiring some careful attention.
- (d) There were two cases of ACUTE POLICHYELITIS of the paralytic type. Both recovered.

## 24. IMMUNIS.TION against DIPHTHERIA and WHOOPING COUCH (Tables 14-18)

(a) Table 14 shows that whereas Gosport has a better record for DIPHTHERIA IMMUNISATION IN INFINCY than for the County, Urban and Rural, it is not so well protected as some areas such as Fareham and Winchester.

(b) Table 15 shows a better state in respect of WHOOPING COUGH IMMUNISATION IN INFINCY. Our percentage is much higher than the County as a Whole and higher than the other

areas used for comparison.

(c) Table 16 breaks down the RETURNS FOR THE YEAR. Immunisation can be for either Diphtheria or Whooping Cough separately or for both diseases together. Whooping Cough protection was only introduced in May, 1955, as part of the official County Scheme. There are therefore no previous statistics. The Table deals with age groups. Each of these are broken down for the number of children immunised by the double antigen or either of the single with the resultant total of children protected against each disease. All of this is given separately for the Primary Course and the Booster. The Table shows a satisfactory response to the new Whooping Cough Scheme. The uptake for Primary Courses for Diphtheria, 437 out of a rough potential of 1,000 in the first year group, is poor. Even the total of 885 in all age groups does not produce a safety level for the Community. When the returns for the Booster protection are considered and it is noted that the grand total was only 524 for the potential 1,000 the level of immunity must be classed as being below reasonable safety. This demonstrates the need for more Health Education to stimulate interest in this problem.

(d) Table 17 is a COMPREHENSIVE "LIDDER" SURVEY of the state of PROTECTION AGAINST DIPHTHERI year by year up to shhool leaving age. This Table should be studied together with Table 16. We have a natural increase of births over inflant deaths of about 1,000 a year. Thereafter this 1,000 unit is taken as the rough measure of the potential number of children to be protected. To interpret the Table read down any column to note how many children born in a particular year are protected by a Primary Course or Booster Dose. Take the first column for children born in 1941, for example. By 1955 in this group only 500 had received a Primary Course and less than 300 had received a subsequent Booster dose. Likewise analyse the group born in 1949. By the time these children were 2 years old less than 600 had been protected. The figure of under 500 Boosters is well below a level of reasonable protection. Study the column on the right for the totals. Take the immunisations carried out in 1955. There were 885 Primary Courses and 524 Booster doses. The 885 would for our approximate 1,000 potential in any year, have been excellent if the number referred to protection in the first or by the latest, the second year. The fact is that it included 267 children immunised at a later age. These children had been neglected, they had been allowed to remain in an unprotected state too long. This and our problem of the comparatively poor response to the offer of the Booster dose protection is something which sould be remedied.

(e) Table 18 is a similar "Ladder" survey of the state of PROTECTION AGLINST WHOOPING COUGH. It is the first year of any official scheme and therefore no comparison

in statistics can be provided.

## 25. VACCINATION against SMALLPOX (Tables 19-20)

Our main concern is PRIMARY V/CCINATION in infancy. Gosport holds and has held a lead in this over the County as a whole and the other areas used in this Report for comparison. It does not mean however that the state of Vaccination here is at a safe level. It would not successfully meet any introduction of Smallpox. There is need for more persuasion and Health Education relevant to the need for a greater degree in protection against this disease.

## 26. TUBERCULOSIS (Tables 21-24)

## (a) THE REGISTER (Table 21)

As each new case is notified the name gets added to THE REGISTER. This leads to an increase in numbers on that record as the removals from it do not keep pace with the additions. The Register changes cannot therefore be used to analyse the prevalence or otherwise of the disease in an area. As expected the Register figures show an increase each year in the Table as do the returns for attendance at the Chest Clinic. The number of patients sent in to Sanatorium, however, show a steady decline as more treatment with our ever increasingly effective drugs is given at the Clinic and at home.

(b) AGE and SEX DISTRIBUTION (Table 22)

(i) A study of this Table helps to answer the question of PREVALANCE and MORTALITY.

(ii) During the last three years the NEW CASES added to the Register have been

98,56, and 76 in 1955. (iii) The DE THS have been, for those years, 9, 10, and 2 in 1955. This is a very outstanding low figure, a record. - 6 -

(c) DEATH RATE (Table 23)
Gosport has persistently had a better rate than England & Wales as a whole since 1949. The Table shows a continuous trend of improvement in our Town in respect of Deaths from Tuberculosis.

(d) RATE of INCIDENCE COMPARISON with OTHER AREAS (Table 24)
Gosport's RATE of INCIDENCE as recorded from the notifications of Respirate

(d) RATE of INCIDENCE COMPARISON with OTHER AREAS (Table 24)
Gosport's RATE of INCIDENCE as recorded from the notifications of Respiratory
Tuberculosis has fluctuated from 1.33 in 1950, through 1.58, 1.21, 1.36, 0.77,
to 1.11 in 1955. For the corresponding years the Rate for the County, as
shown in the Table was 0.69, 0.78, 0.69, 0.79, 0.64, and 0.58. This indicates
lower Rate of Notifications in the County. This should be identical with the
Rate of Incidence if diagnosis and notifications are carried out uniformly in
the areas under comparison. The Table includes figures for Portsmouth, Southampton and Bournemouth and the Western Area Hospital Board cover as well as
the County. Last year Gosport showed a better "Incidence" or "Notifications"
picture than the three towns but was not as good as the other areas under
comparison. This year Gosport is only better than Southampton in the Table.
As stated in my paragraph 4 (b) conclusions in a small population cannot be
made from one return. The situation must be, and is being, watched.... The
facts as stated in paragraph 4 (b) above, relevant to Deaths, have to be conconsidered here when dealing with Incidence.

## 27. WORK of PUBLIC HEALTH INSPECTORS - GENERAL SANITARY DUTIES (Table 30)

The reports on the work of the Public Health Inspectors are set out in a new form this year under more definite headings. Their visits and interviews show an increase over the past few years. The returns set out in this General Sanitation Table - that is, excluding visits etc., under the Housing and Food Control Sections - show a total of 8,409 against 7,727 for last year. This produces an everage of 2,100 such visits per inspector per year. Much of this increase follows greater activity by the public in lodging complaints and in requests for specific attention or action. The increase is greater and out of proportion to the rate of increase of the population. It is important to note that legislation requires that these inspectors shall keep themselves informed of the sanitary circumstances of the area by regularly covering their districts irrespective of complaints. This duty is not being carried out to the necessary safety extent owing to the shortage of sanitary staff. There is urgent need for an additional inspector.

## 28. RODENT CONTROL - GENERAL (Table 38)

(a) The returns for this section show an increase in the calls upon us and work carried out by the staff. The comparative figures are for inspections and advice 2,346 and 3,312 and for treatment by our staff 323 and 377.

Although the number of complaints have increased the number of major infestations have decreased. Many of the complaints arise from the twice-yearly movements of rats, in Spring when they move from under cover to the open and in Autumn when the movement is in the opposite direction.

The use of Warfarin has proved very successful and other poisons are now used only in special cases. The demolition of houses in the Town Area contained in the Compulsory Purchase Orders will no doubt bring about a temporary increase in infestation of other properties remaining.

## 29. RODENT CONTROL - SEWER SECTION (Table 39)

Owing to the illness of the Rodent Operator it was not possible to carry out a second treatment in 1955. This may have resulted in a build-up in the rat population using the sewers but a major treatment will be undertaken to correct this should it be found necessary. New Methods of sewer treatment have been found and will be put into practice as and when advised by the Infestation Division of the Ministry of Agriculture and Fisheries.

## 30. HOUSING - ACTION under STATUTORY POWERS (Table 45)

Following the acceptance by the Council of representations by me in respect of properties in the Town Area it was resolved that 10 Clearance Areas be made in the Clarence Square and Haslar districts. These Clearance Areas were presented as Compulsory Purchase Orders. Other relevant properties in the districts which were not considered to be subject to Representation were included in the Compulsory Purchase Orders. A number of objections were received and a Public Enquiry was held on 27th - 29th September, 1955, under the chairmanship of S.D. Igglesden Esq., A.R.I.B.A. The findings were not

given until December 1955 in the case of Clarence Square Areas and January 1956 in the case of the Haslar Areas. As a result of the action taken 79 houses out of 88 represented were confirmed as unfit by the Minister. These were:-

Clearance Area No.51 (1-5 incl Sweets Place, 1-6 incl Richards Terrace, 28,30,32, 36,38,40 Haslar Street, 1,1a,2,3,4,5 Haslar Row)

Clearance Area No.52 (3,4,5,6,8,9 Chapel Row)

Clearance Area No.54 (17,18,19 Chapel Row)
Clearance Area No.55 (1-12 incl, 14,16 Mount Street, 7-11 incl Clarence Square)

Clearance Area No.56 (1-3 incl St Matthews Square) Clearance Area No.57 (3,4,22a,24,25,28 York Street) Clearance Area No.58 (15,17,17a,17b,18,20,21 York Street)

Clearance Area No.60 (34,35,37,38,39,40,42 Clarence Sq. 12-16 incl Seahorse St)

## 31. ESTIMATED CONDITIONS OF HOUSING (Table 49)

- (a) This is an extract from the Survey Report I presented in June, 1955. It analyses the situation briefly.
- (b) In the Survey it was estimated that it would require a period of five years to deal with the houses represented for demolition.
- (c) Previous Reports were based on specially selected areas. This survey was not selective. It covered all the houses in the Borough.

## 32. ICE CREAM SAMPLING (Table 60)

The need for strict control of the sale of Ice Cream was demonstrated by the fact that 28 out of 112 samples fell into Grades 3 and 4. One firm, manufacturing outside Gosport was mainly responsible. Following repeated pressure from our Department this firm closed down. The premises were converted for other uses. Ice Cream is no longer a child's "extra". It is a food caten by all ages. It is unfortunately a food which can easily become contaminated with bacteria with the risks of Food Poisoning. It must be manufactured from pure ingredients, in hygienic conditions and maintained thus up to the time of cating. Pre-packed icecream is the ideal presentation for sale.

## 33. WORK OF PUBLIC HEALTH INSPECTORS - FOOD CONTROL DUTIES (Table 61)

- (a) The ever increasing importance of Food Control is obvious from many observations. In the country there has been a steady continuous rise in the incidence of Food Poisoning. In paragraph 23 (a) above your attention has been drawn to the marked increase in Gosport. Because of this I found it necessary to divert the Inspectors to spend much more time in protecting the public against potential dangers from food which was "unsound" or "unfit". Their total Visits and Inspections for 1955 were 2,076 against 1,057 for the previous year.
- (b) The Ministry are well aware of the importance of the rise of Food Poisoning incidence. The Food and Drugs Act and Food Hygiene Regulations which came into force in 1956 are proof of the need for more vigorous actions to protect the
  - 34. Section G is set out mainly for references. It briefly reviews the GENERAL PERSONAL HEALTH SERVICES which are available for Gosport. The majority are provided by the County as Health or Education Authority.
  - 35. The County has "devoluted" some of their responsibilities to the DISTRICT HEALTH SUB-COMMITTEE. As stated in paragraph 14 I am of the opinion that greater economy and efficiency would be achieved by a more definite delegation of this Local day-to-day control.
  - 36. The HOME HELP SERVICE (Table 65) deserves special mention. It is an excellent example of how a sound Public Health Scheme can result in a saving of public expenditure. It provides at a comparatively reasonable cost a service at home and thus avoids the much more costly institutional care which would in many cases, be the alternative.
  - 37. The SCHOOL CLINIC (Table 68) is being changed from a Minor Ailments Treatment centre to the more modern clinic the focus of all the School Health activities very much on the lines as advised by the Ministry. It is used for detailed examinations and supervision which can be better carried out there than in Schools. It is being used more and more as a place where parents, teachers and even General Practitioners can join in dealing with our common problems.

- 38. The MINOR ORTHOPAEDIC CLINIC (Table 67(b)) serves a most useful demand. It is not sufficiently appreciated that minor orthopaedic defects can and often do develop into major conditions. It is a fallacy to say that minor conditions generally rectify themselves. They may remain stationary. However slight the defect is it puts an unnecessary strain on the body, wasting much energy. Early treatment is essential. The time allocated to this special clinic is insufficient and many cases are now seen at the School Clinic to avoid a ling delay in attention.
- 39. May I conclude by saying that I feel very much at home in Gosport due to the way in which you have received my efforts and services and for this I wish to express my thanks.

I would also like to record MY APPRECIATION to the Council(s staff for their cordial co-operation and to my own staff and in particular Mr. Cope and Mr. Moore for their ever willing assistance in what has been a very heavy year of reorganisation and work.

I have the honour to be, Sir, Ladies and Gentlemen,

Your obedient Servant,

Persival. Pritch ard

Medical Officer of Health.

## EXAMPLES of STATISTICS ILLUSTRATED by ISOTYPES

## SOME of the PRINCIPAL CAUSES of DEATH in GOSPORT during, 1955

Tuberculosis - All Forms	ii
Diabetes	Ť
Motor Vehicle Accidents All Other Accidents	† i i i
Stomach and Intestinal Diseases	i i
Respiratory Diseases	i i i i i
Vascular Lesions of Nervous System	r r r r r r r r r r r r r r r r r r r
"Cancer" - All Forms	i i i i i i i i i i i i i i i i i i i
Coronary Disease; Angina Other Heart and Circulatory Diseases	r r r r r r r r r r r r r r r r r r r

Each  $\dot{\mathbf{T}}$  represents Approximately 5 Deaths

n i n 1 Death

## GENERAL STATISTICS

#### Table 1 GEOGRAPHICAL INFORMATION

The Borough of Gosport covers an area of 6,185 acres.

It is peninsular, being bounded on the land side to the north-west by Fareham U.D.C. and by the sea - the Solent (on the south-west from the western extremity of Lee-on-Solent past Browndown, Stokes Bay to Fort Gilkicker and on the south-east from Fort Gilkicker to Fort Blockhouse at the entrance to Portsmouth Harbour) and Portsmouth Harbour (on the north-east).

Its greatest length, east to west or south-east to north-west, is about 42 miles.

Its greatest breadth, north-east to south-west, is about 34 miles.

GENERAL INFORMATION

Estimated Mid-Year Home Population......61,860 (decrease 760)

Number of Inhabited Houses (end of 1955 according to Rate Books).....17,669

Rateable Value.....£ 198,657 (increase £16,851)

Estimated Product of Penny Rate (Financial Year 1955/56) ... £1,989 (increase £44)

#### Table 3 AGE and SEX DISTRIBUTION of POPULATION Census 1951

S....Single M....Married W....Widowed D....Divorced

	1	1	Males			1	Fema		Total in		
Age	S	M	W	D	Total	S	M	W	D	Total	Population
Under 1	506	240	-	-	506	526	-	p=1	-	526	1,032
1 - 4	2,460	-	-	-	2,460	2,414	-	-	-	2,414	4,874
5 - 9	2,598	-	-		2,598	2,345	-	-	-	2,345	4,943
10 - 14	2,034	-	-	-	2,034	1,835		-	-	1,835	3,869
15 - 19	3,230	26	-		3,256	1,682	117	-	1	1,800	5,056
20 - 29	3,185	2,483	5	·. 6	5,689	1,165	3,066	14	9	4,252	9,941
30 - 39	494	3,505	19	36	4,054	388	3,696	108	63	4,255	8,309
40 - 49	275	3,395	51	40	3,761	296	3,215	235	48	3,794	7,555
50 - 59	192	2,352	87	20	2,651	255	2,132	409	34	2,830	5,481
60 - 69	112	1,509	187	6	1,814	239	1,376	811	6	2,432	4,246
70 - 74	34	462	111		607	88	337	413	2	840	1,447
75 - 79	15	259	122	-	396	58	148	304	1	511	907
80 - 84	3	77	66	1	147	25	42	184	-	251	398
85 - 89	5	23	36	-	64	16	12	92	-	120	184
90 - 94	-	2	10	_	12	1	2	19	-	22	34
94 plus	-	-	-	-	-	-	-	3		3	3
Totals	15,143	14,093	694	119	30,049	11,331	14,143	2,592	164	28,230	58,279

The Estimated Mid-Year Population for 1955.....61,860 Previous Census Population Figures......1931....38,443 1921....35,607

LIVE BIRTHS and BIRTH RATE Table 4

Year	Illegi	Legitimate			Total	Birth		
				**************************************		Live	per 1,000 H	ome Population
	MF	Total	M	$\mathbf{F}^{i}$	Total	Births	Gosport	Eng & Wales
1951	19 22	41	527	480	1007	1,048	17.8	15.5
1952	26 33	59	531	513	1044	1,103	18,5	15.3
1953	23 23	46	524	485	1009	1,055	17.6	15.5
1954	33 20	53	503	454	957	1,010	16.0	15.2
1955	22 24	46	559	445	1004	1,050	16.8	15.0

The Gosport Birth Rate Correction Factor (0.99 for 1955) has been applied above to make the comparison on a comparable population distribution as for the whole country.

#### Table 5 STILL BIRTHS

	1951	1952	1953	1954	1955
Illegitimate	1	-	2	1	1
Legitimate	28	30	15	25	21
Total	29	30	17	26	22

A child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life is said to be still-born.

	95 and over	1	1	1	1		1	1	1	1	15 - 29 "	1	1	1	1		1	10 - 1/ "	5 9 =	11 7		2 Vrs		Under 1 vr	Birthday	725	Age
M = One Male Death		MAMMAM							MANAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	MANAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM			MM	MANAM	M	MM		MM	M	M		M		MANATATATATA	Males	AT CHART OF	Nimber of De
F = One Female Death Totals:-		स्तरम्यस्यस्य	तत्रत्तत्त्रत्तत्त्रत्तत्त्तत्तत्त्तत्तत	मिमान्यामानामानामानामानामानामानामानामानामानामा	ग्रम्भम्मम्मम्मम्मम्मम्मम्मम्मम्मम्मम्मम्भम्मम्	.सम्बद्धातम् मृत्यम् सम्बन्धानम् सम्बन्धानम् सम्बन्धानम् सम्बन्धानम् सम्बन्धानम्	त्रित्रत्रमस्यस्यस्यस्यस्यस्यस्यस्यस्यस्यस्यस्यस्यस	त्रवत्त्रवत्त्रवत्त्रवत्त्	HATHAHAHAHAH	मुस्मिम्स्मिम्स्म	समसमामस	FFF	FFF					<u> </u>	H					मरमिमरमिमराम	romales		Deaths
292		000	77	34	46	37	34	37	17	18	13	4	N	5		2		W		1				14	M		
230	-	拓一	26	23	39	100	21	九	11	9	9	w	4	2		2		1	1					10	国	1955	Y
522		22	40	57	85	77	55	51	28	27	22	7	6	7	1/2	4		4	2	1		H		24	Total		Yearly
268		W	F	21	45	42	39	25	18	1.5	L	5	5	2		1	2		2			H		15	M		Totals
198	L	TO	22	24	20	29	16	22	10	9	7	w	W	-	ı W	5	1-							12	'n	1954	N
466	-	13	33	45	65	71	55	47	28	21.	18	00	00	6	4	6	w		2			₽	H	27	Total		
Bear water	226	522	500	460	403	318	241	186	135	107	03	58	51	4.5	300	36	32	32	28	26	25	25	24	24	T955	TOL	Accumu
	400	465	452.	419	374	309	238	183	136	108	178	66	58	50	144	40	34	31	31	29	29	29	28	27	T954	TOURTS	Accumulative
	L		-L	<u></u>	<u></u>	1		ــــــــــــــــــــــــــــــــــــــ	L		-	_	<u></u>	11	<u>-</u>	<u>-</u>						•	-		andrew drive		

		1955		1954
Causes of Death	Males	Females	Total	Total
Tuberculosis: Respiratory	1	1	2	7
" Other Forms	-	-	-	3
Syphilitic Disease	-	-	-	1
Diphtheria		-	***	-
Whooping Cough	. <b>→</b>	~	-	-
Meningococcal Infections	1		1	~
Acute Poliomyelitis	-	-	-	-
Measles	_	-	-	-
Other Infective and Parasitic Diseases	-	1	1	**
Malignant Neoplasm: Stomach	5	5	10	7
Lung, Bronchus	7	4	11	13
Breast	1	13	14	8
Uterus	_	6	6	1
Other Malignant and Lymphatic Neoplasms	30	18	48	59
Leukaemia, Aleukaemia	6	2	8	2
Diabetes	3	4	7	5
Vascular Lesions of Nervous System	42	41	83	66
Coronary Disease, Angina	59	25	84	66
Hypertension with Heart Disease	5	8	13	8
Other Heart Disease	44	41	85	59
Other Circulatory Disease	12	13	25	22
Influenza	5	2	77	-
Pneumonia	6.	1	7	21
Bronchitis	9	8	17	14
Other Diseases of Respiratory System	5	-	5	1
Ulcer of Stomach and Duodenum	4	1	5	12
Gastritis, Enteritis and Diarrhoea	2	2	4	3
Nephritis and Nephrosis	3	2	5	7
Hyperplasia of Prostate	4	-	4	2
Pregnancy, Childbirth, Abortion	-	-	_	2
Congenital Malformations	. 2	3	5	2
Other Defined and Ill-defined Diseases	19	24	43	51
Motor Vehicle Accidents	4	1	5	9
All Other Accidents	11	3	14	11
Suicide	2	-	2	3
Homicide and Operations of War		1	1	-
Totals All Causes	292	230	522	466

Table 8 DEATHS and DEATH RATE.

YEAR		DEAT	HS	DEATH RATE				
	A.	11 Ca	uses	Per 1,000 Home Population				
	M	F'	Total	Gosport	Eng & Wales			
1951	286	287	573	11.5	12.5			
1952	276	237	513	10.2	11.3			
1953	279	245	524	10.3	11.4			
1954	268	198	466	9.1	11.3			
1955	292	230	522	10.3	11.7			

The Gosport Death Rate Correction Factor (1.22 for 1955) has been applied above to make the comparison on a comparable population distribution as for the whole country.

Table 9 MATERNAL MORTALITY and RATE

	Gosj	port	Eng & Wales
	Number	r Rate	Rate
1951	1	0.93	0.80
1952	1	0.88	0.72
1953	Nil	Nil	0.76
1954	2	1.93	0.69
1955	Nil	Nil	0.64

#### Table 10 INFINT MORTALITY and RATE

		No. of De	eaths under 1	Year	Infant Mortality Rate				
				All			All		
		Legitimate	Illegitimate	Infants	Legitimate	Illegitimate	Infants		
Gosport	1951	22	tere)	22	21.8	em	20.9		
11	1952	20	2	22	19.1	33.9	19.9		
11	1953	32	1	33	31.7	21.8	31.2		
11	1954	25	2	27	26.1	37.7	26.7		
11	1955	24	-	24	23.9	-	22.9		
England									
& Wales	1955	_	- 10	6,515	-	•	24.9		

Infant Mortality Rate is the number of Deaths of Infants Under One Year of Age per 1,000 Live Births in the same category, i.e. Legitimate, Illegitimate or "All Live Births".

The Rate of 24.9 for England and Wales is the lowest on record. (a) Notes.

(b)

Table 11 HEALTH PICTURE COMPARISON 1911 - 1915 and 1951 - 1955

	Yearly	Yearly		
	Average For 5 Years 1911 <b>-</b> 1915	Average For 5 Years 1951–1955	Increase	Decrease
Population	32 <b>,</b> 327	62,320	92.78%	
Birth Rate	25•4	17.3		31.88%
Total Live Births	823	1,053	27.94%	
Infant Mortality Rate	91.1	24.3		73.32%
Death Rate	13.3	10.2		23.30%
Total Deaths	428	520	21.49%	
Deaths Under 1 Year " 1 - 4 Years " 5 - 14 Years	75 37 14	26 5 4		65.33% 86.49% 71.42%
Total Deaths of Children	126	35		72.19%

## CONTROL over INFECTIOUS and OTHER DISEASES

Table 12	NOTIFICATIONS and DEATHS - Infectious	s Diseases	3			
	Constitution of the contract o		1	.955	19	54
		(	Dases	Deaths	Cases	Deaths
	Acute Poliomyelitis (paralytic)		2	ma .	-	-
	Dysentery		4		2	
	Erysipelas		11		12	
	Food Poisoning		12	-	-	-
	Measles		1202	-	15	
	Meningococcal Infection		-	1		-
	Pneumonia		41	7	36	21
	Puerperal Pyrexia		13	-	3	
	Scarlet Fever		17	-	79	eng
	Whooping Cough		75	-	208	200
	Ophthalmia Neonatorum		-	-	2	-
	Paratyphoid Fever			-	1	-
	Enteritis & Diarrhoea under 2 years					
	(not notifiable)		-	-		2

# Table 13 ADMISSIONS TO INFECTIOUS DISEASES HOSPITAL 1955

Group		Measles4
Diarrhoea	2	Mumps1
Dysentery	1	Observation
Encephalitis		Pneumonia3
Gastro Enteritis		Poliomyelitis(Paralytic)1
German Measles		Puerperal Pyrexia8
Glandular Fever		P.U.O
Healthy Babies		Ringworm1
Hepatitis		Food Poisoning2
		Jough1

## Table 14 IMUNISATION against DIPHTHERIA

COMPARISON with OTHER AREAS

		P	Primary Çourse					
Area	Population	Births	Under %	1 Year	1 - 14 Years	Total	Dose All Ages	
Stationary of recognition of the state of th				1100	1.0010			
GOSPORT	61,860	050 و1	42.95	451	434	885	524	
Aldershot	40,190	597	25.29	151	290	441	285	
Fareham	47,890	818	44.62	365	328	693	735	
Winchester County	27,280	330	53.03	175	137	312	305	
Urban Areas	396,200	6,430	34.57	2,213	3 <b>,</b> 307	5,520	4,694	
Admin.County Hampshire	680,600	10,848	34.25	3 <b>,</b> 700	5,417	9,117	8,511	

# Table 15 INMUNISATION against WHOOPING COUGH COMPARISON with OTHER AREAS

			Booster				
Area	Population	Births	Under	1 Year	1-14		Dose
			%	No.	Years	Total	All Ages
GOSPORT	61,860	1,050	35.8	376	324	700	261
Aldershot	40,190	597	23,95	143	181	324	17
Fareham	47,890	8 <b>1</b> 8	25.34	191	129	320	58
Winchester	27,280	330	34.84	115	92	207	12
County							
Urban Areas	396,200	6,430	24.82	1,396	2,138	3,734	607
Admin . County							
Hampshire	680,600	10,848	24.60	2,676	3,450	6,126	975

Н	Вос	ster Dose	T H	Pri	nary Co	urse		
TOTAL BOOSTER	Asst.C.M.Os (CWCs and DN)	G.Ps S.M.O. (Sch.Clinic)	TOTAL PRIMARY	Asst.C.M.Os (CWCs and DN)	S.M.O. (Sch.Clinic)	G.Ps		
1 1 1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83 437 354 3 357	43 145 102 - 102	UT I UT	40 287 247 3 250	Combined D. only W.C. only TOTAL D. TOTAL W.C.	0 - 1 yr
1 1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81 336 255 3 258	25 51 26 2 28	6 10	50 275 225 1 226	Combined D. only W.C. only TOTAL D.	Age at
7 1 2 2 3	1 1 1 2	1 1 1 1 1 1 1 1	9 29 20 3 23	1 6 5 2 7	1 1 1 1 1	8 23 15 1 16	Combined D. only W.C. only TOTAL D. TOTAL W.C.	Date of Co
	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 24 13 2 15	1 2 2	1 1 1 1 1 1	9 21	Combined D. only W.C. only TOTAL D. TOTAL W.C.	Completion of 3-4 yrs
47 105 58 - 58	5 - 4	53 53	1 0	4 - 4	 	2 18 16 1 17	Combined D. only W.C. only TOTAL D. TOTAL W.C.	Primary Cou
191 385	19 20	187 - 187 - 187 6	11 - 7	2 57	6 7 13 6 7 13	9 3 12	Combined D. only W.C. only TOTAL D. TOTAL W.C.	Course or Booster s 5 - 10 yrs
6 25 1 32 6	1 1		- 11	1 1 1		1 N 1 N	Combined D. only W.C. only TOTAL D. TOTAL W.C.	lo-15 yrs
265 524 259 2 261	11	246 1 247 13 19 6 - 6	# 2	76 216 140 5 145	1.0	114 638 524 6 530	Combined D. cnly W.C. only TOTAL D. TOTAL W.C.	TCTAL 0 - 15 yrs

١	52
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Ì	0
1	17

DIPHTHERIA IMMUNISATION

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	Born	TOTAL	1955	1954	1953	1952	1951	1950	Before 1950	UN.
Note	Born in Year	Primary Booster	Primary Bocster	Primary Booster	Primary Booster	Primary Booster	Primary Booster	Primary Booster	Primary Booster	BORN IN
	1941	500 · 248	1	6	-(a) 6	1 19	1 48	8	497 157	1941
The following examples are given to againt in modding the tollow	1942	579 302	I H	ا 0	2 15	3 18	1 48	6 15	567 201	1942
no over	1943	552 306	I ©	8	 	. 1 23	1 107	4 29	543 119	1943
mol ba sa	1944	635 461	1 6	7	1 22	3 26	12 258	30 74	588 68	1944
4011 C	1945	614	1 12	+ + + +	4 29	5 65	8 308	20 45	575 10	1945
1	1946	732 481	2 20	4 32	8 55	156	24 211	32 7	654	1946
i.	1947	600	4 21	3 54	11 228	17(b) 279	17 11	45 7	742	1947
3000	1948	881 · 520	7 50	14 143	14 306	20 15	27 5	141	658 -	1948
+ 500	1949	824	22 109	17 321	20 18	42	131 1	532 -	60 •	1949
) }	1950	811 286	19 267	23 18	23 1	174 -	522	50 -		1950
	1951	801 27	36 23	35 4	119	565	4.6			1951
	1952	777 2	47 2	148 -	523	59				1952
	1953	693 . 1	128 1	537	28					1953
	1954	547	490(c)	57						1954
	1955	128 _	128						And the second s	1955
	Born in Year	9,915 Primary 4,163 Booster	885 P 524 B	841 P 611 B	754 P 691 B	898 P 601 B	790 P 997 B	861 P 184 B	4,884 P 555 B	TOTAL
	ear	oster	1955	1954	1953	1952	1951	1950	Before 1950	IMM.

Note The rollowing examples are given to assist in reading the table:-

16

(a) No Primary Courses and 6 Boaster Doses were given in 1953 to children born in 1941
(b) 17 " " 279 " " " " 1952 " " " 1947
(c) 490 " " No " " " 1954

WHOOPING COUGH IMMUNISATION

Table 18

ANALYSIS - YEAR by YEAR

Consequently there are no records for this Immunisation prior to 1955. Immunisation against Whooping Cough was only included in the Official Immunisation Scheme from May 1955.

				CCGT	)		H	- TATAT		
(In) = Whooping Cough only.	Total Booster	(B)	Booster (A)	Total Primary	=	Primary (A)		BORN LN		
Cough	1	1	1	1	1	1	1941			
only.	1	1	1	1	1	1	1942			
()	2	20	1	1	1	1	1943			
B) = Con	2	2	1	1	1	1	1944			
mbined 1	4	4	1	1-7	F	- 1	1945			
niqoodin	7	7	1	N	12	1	1945 1946			
g Cough	6	6	1	R)	3	₽	1947			
and Di	19	19	1	C1	3	1	1948			
phtheri	54	54	1	4	H_	1	1949			
a (there	147		1	22	15	7	1950			
ofore al	17	17	1	8	19	μ.	1951			
so incl	1-1	1		26	24	22	1952			
uded in	2	<b>⊢</b>	_\	73	68	ហ	1953			
above	8	1			418	4	1954			
Table r	1	1	1	123	123	1	1955			
(B) = Combined Whooping Cough and Diphtheria (therefore also included in above Table re Diphtheria)	261	259	3	700	680	20	TOTAL			
		1955								

## Table 19 VACCINATION against SMILLPOX

		Prim	ary I	Jaccir	nations		Re-Va	ccinatio	ns		
	Under 1 yr	1 yr	2-4 yrs	5-14 yrs	15 yrs & Over	Total	2-4 yrs	5 <b>-1</b> 4 yrs	15 yrs & Over	Total	TOTAL
Jan-June July-Sep	260 153	15 12	20	9	20 12	324 190	6 5	18 10	74 25	98 40	422 230
Oct-Dec Year 1955	(a) 663	11 38	14 40	11 27	17 49	303 817	2 13	13 41	28 127	43 181	346 998
Year 1954	(b) 623	43	40	28	36	770	6	53	139	198	968

(a) = 63.1% of potential (i.e. of babies born in 1955) (b) = 61.7% " " (" " " " " 1954)

Totals (Vaccinations & Re-Vaccinations) during 1955:-

By General Practitioners 422 250 284 936

At Child Welfare Centres - 62 62

# Vaccinations at C.W.Cs commenced Sept. 1955

Table 20 VACCINATION against SMALLPOX

COMPARISON with OTHER AREAS

	Pr	imary V	acci	inations	Re-	Vagcina	tions		
	Under %	1 Year No.		After 2 yrs	Total	Under 15 yrs	After 15 yrs	Total	TOTAL
GOSPORT Aldershot Fareham Winchester	63.14 30.48 62.1 54.54	663 182 508 180	38 10 23 20	116 62 88 29	817 254 619 229	54 24 60 26	127 76 112 103	181 100 172 129	998 354 791 358
County Urban Areas	55.42	3,564	170	640	4,374	339	930	1,269	5,643
Admin.County Hampshire	57.66	6,253	303	1,066	7,622	696	1,667	2,363	9,985

Note The number of babies vaccinated before their first birthday is shown in the first column as a percentage of the potential, that is of the number of babies born in the period.

Table 21 TUBERCULOSIS - THE REGISTER

		On giste 1954		Ches	endir st Cli 1954	inic	To S	mitte Sanato 1954	ria
Pulmonary Adult Males " Females Children	340 269 37	322 252 39	314 229 35	280 212 37	267 205 39	267 199 33	33 30 4	48 34 3	47 45 5
Total	646	613	578	529	511	499	67	85	97
Non-Pulmonary Adult Males " Females Children	30 43 18	28 40 18	23 40 20	14 25 12	15 23 11	11 22 13	2 2 2	2 1 2	5 2 2
Total	91	86	83	51	49	46	6	5	7
TOTAL (All Cases)	737	699	661	580	560	54/5	75	90	104

	Ne	w Cases	De	aths	Cases on Register at end of year		
	Pulm	Non-Pulm	Pulm	Non-Pulm	Pulm	Non-Pulm	
	M F	M F	M F	M F	M F	M F	
Under 5 Years 5-14 " 15-24 " 25-44 " 45-64 " 65 yrs & over	1 1 3 12 11 10 18 10 1 2	1 1 2 1 1 1	1		3 1 19 14 35 56 158 164 127 42 20 7	12 13 10 21	
Totals	36 33	3 4	1 1		362 284	41 50	
Totals for 1955	( 69	7 76	2	<b>-</b> 2	646	91 737	
" " 1954	( 48 ( !	8 56	7	3 .0	613	86 699	
" " 1953	( 86	12 98	7	2 9	578	83 661	

## Table 23 TUBERCULOSIS - DEATH RATE

	Gosport	Eng & Wales
1955	0.04	0.15
1954	0.16	0.18
1953	0.18	0.20
1952	0.18	0.24
1951	0.22	0.31
1950	0.32	0.36
1949	0.54	0.45
1948	0.56	0.51

Note - Death Rates above are deaths from all forms of Tuberculosis per 1,000 Population corrected by our population factor.

## Table 24 TUBERCULOSIS

## NOTIFIC TIONS of RESPIRATORY TUBERCULOSIS (All Ages)

COMPIRISON with OTHER AREAS

	1	950	1951 1952		1953		1954		. 1955			
	Т											
	No.	Rate per 1000 Pop•	No.	Rate per 1000 Pop•	No.	Rate per 1000 Pop.	No.	Rate per 1000 Pop.	No.	Rate per 1000 Pop.	No.	Rate Fer 1000 Fop.
GOSPORT+	78	1.33	x98	1.58	76	1.21	x86	1.36	48	0.77	69	1.11
Hants County (incl.Gosport but excluding Portsmouth, Southampton & Bournemouth)	439	0.69	498	0•78	456	0.69	535	0•79	426	0.64	-	0,58
Portsmouth	288	1.20	256	1.08	210	0.86	252	1.02	194	0.80	160	0.67
Southampton	184	1.02	192	1.06	213	1.21	262	1.48	250	1.28	292	1.49
Bournemouth	80	0.57	127	0.91	141	1.01	98	0.70	136	0.96	117	0.82
Western Area of S.W.M.R. Hosp.Board (i.e. Hants Dorset, Wilts	1,000	0.75	1400	0 05	1220	0.77	1/110	0.82	1268	0.73	1202	0.69
and I.O.W.)	1290	0.77	1429	0.85	11330			U.02		Lar minumber des minut	1202	0.00

x = Mass Radiography Unit visited Gosport in these years.

## SANITATION and GENERAL SERVICES

## Table 25 WATER Public Supply

The main supply is a typical chalk water remaining practically constant in quality, neutral in reaction and free from deposit on standing. It has no plumbosolvent action. It is hard in character but is much softened on boiling. The water is chlorinated before it reaches the mains.

The supply has been satisfactory in quality and quantity.

The following table shows the number of samples taken during the year and the results of analysis were all satisfactory:-

	Chem. Exam	Bact.Exam	Total
Water from Public Supply Mains	5	37	42
Water before chlorination	1	1	2

No action in respect of any form of contamination was required during the year. So far as it is known all except two of the dwelling houses in the borough have direct main supplies.

## Table 26 DRAINAGE and SEWeRAGE

The following additional lengths of sewers were laid in the borough during the year:-

## New Foul Sewers

4,000 yds. main sewer, Rowner, varying from 18" to 21".

## New Storm Water Sewers

180 yd 760 " 580 " 465 "		) ) ) on	the	Rowner	Hous ing	Estate.
-----------------------------------	--	----------------	-----	--------	----------	---------

### Table 27 RIVERS and STREAMS

There was no pollution in the area requiring any action.

### Table 28 CLOSET ACCOMMODATION

There were two conversions of pail closets to water closets during the year. The use of 11 pail closets was also discontinued during the year.

Number	of	water closets	18,614
Number	of	pail closets	12

## Table 29 PUBLIC CLEANSING

Household refuse is collected once weekly by the Corporation. Emptying of cesspools is carried out by Hants Cleansing Service under contract.

# Table 30 WORK of PUBLIC HEALTH INSPECTORS - GENERAL SANITATION DUTIES VISITS and INSPECTIONS

	Butterfor State of management of the control of the		
Α.	Under the Public Health Acts		
	Dwelling Houses Complaints Drainage Common Lodging House Offensive Trades Tents, Vans and Sheds Stables and Piggeries Offensive Accumulations and Refuse Disposal Mosquito Control Verminous Premises Re-visits to Premises under Notice	1,190 359 283 45 6 49 160 128 51 46 2,298	
	Smoke Abatement	14	
	Cesspools and Ditches	22	4,651
В.	Under Infectious Diseases Legislation		
	Visits and Re-visits to Cases of Infectious Disease	304	304
C.	Visits to Factories (Power) " " (Non-Power)	123 40	163
D.	Under Public Conveniences Control Duties		
	Maintenance Supervision visits	1,495	1,495
E.	Under Rodent Control Duties		
	Visits - exclusive of those made by Rodent Operator and reported elsewhere	277	277
F.	Under the Pet Animals Act 1951		
	Inspections and Re-inspections of Premises	24	24
G.	Gosport Swimming Baths and Lee-on-Solent Swimming Bath and Paddling Pool		
	Visits re Water Supplies	63	63
н.	Interviews		
	With Owners, Agents, Builders, etc.	939	939
I.	Other Visits not detailed above		
	Central Laboratory and Public Analyst	30	
	Westfield Road Depot re choked sewers, etc. St. Matthew's Yard	38 11	
	Various Doctors at request of M.O.H.	11 13	
	Delivering Statutory Notices or to Post Office for	10	
	despatch by registered post Complaints which Supon Visit did not come within	48	
	Scope of Department.  Requests to Call - found to be made to wrong	56	
	Department.	24	
	Various Departments at Town Hall and Portland Place	50	270
J.	Miscellaneous Visits not included above	223	223 8,409
			1

Table 31 SU	MARY of SANITARY WORK CAR	RIED	OUT (After Representation by this	Dept.
Houses	Roofs Walls (external) Chimneys and Stacks Rainwater Pipes Eaves Guttering Yards and Passages Coalhouses Dampness Abated Wallplaster Ceilings Floors Windows Sashcords	183 49 24 43 96 2 1 119 54 39 56 91 82	Stairs Doors Vermin Fireplaces Cooking Ranges Sinks (Provision of) " (Repair and Renewal) Sink Waste Pipes Internal Water Supplies Provided	2 1 5 33 23 30 1 10 3 10 9 14 2 25
Drainage	Drains Cleared " Repaired		New Drains Other Defects	5 19
Water Closets	New Pans Provided · Seats Provided		New Cisterns Provided Repaired ed	16 23
Miscellaneous	Offensive Accumulations	23	Dustbins Provided	2
Contraventions	Food Premises Stables and Piggeries		Factories Other Premises	19 3

## Total Defects Remedied 1,405

#### Table 32 NOTICES

## Informal Notices Served

Under Public Health Acts	389
Under Food and Drugs Act	104
Under Factories Act	30
Total	523
Statutory Notices Served	109
Notices Complied With	466

#### Table 33 SHOPS ACT and YOUNG PERSONS (EMPLOYMENT) ACT

Visits Made 1,903 Informal Notices Served 3 Complied With 3 Statutory Notices Served Nil

#### TOAMPING SITES Table 34

The only camping site in the Borough is that at Stokes Bay owned and administered by the Council. Regular inspections were made. Conditions were found to be satisfactory.

#### Table 35 SMOKE ABATEMENT

There is no serious smoke problem in the Borough. Three complaints of nuisance were received during the year and no formal action was necessary to secure abatement.

#### SWIMMING BATHS and POOLS Table 36

The Inspectors paid 63 visits in this section of work.

The Gosport Bath is equipped with an efficient filtration and chlorination plant. Conditions were found to be satisfactory at all inspections and for all tests.

The Paddling Pool at Lee-on-the-Solent is filled from a fresh water spring. The Swimming pool at Lee-on-the-Solent is filled at convenient tides from the sea. Both pools at Lee-on-the-Solent were given special supervision, during the year following some unsatisfactory samples of water.

## Table 37 DISINFESTATION

Twenty premises were disinfested for Bugs and/or Fleas during the year.

## Table 38 RODENT CONTROL - General

One man was employed whole-time on rodent control throughout the year. In addition casual labour was employed when required on sewer treatment for lifting of manhole covers etc.

The following work was done during the year:-

Private Dwellings Inspected 2,481
" Treated 353
Business Premises Treated (Costs recoverable) 24

## Table 39 RODENT CONTROL - Sewer Section

Sewers in the Borough are divided into sections and the following mainenance treatments were carried out during the year:-

Sewer Section	Annual State And Annual State of State	anholes Baited Treatments
Lee-on-the-Solent	15	14
Town	7	13
Christchurch and Newtown	20	18
Mill Lane ·	10	pade .
Lees Lane - Anns Hill	10	14
Beryton Road	8	time .
Avery Lane - B'hurst Rd - Frater	9	-
Eastbourne Ave - Hastings Ave	8	-
Chantry, Palmyra and Rydal Roads	8	-
Grove Road and Hardway	7	10
Grange Estate	8	ent .
Leesland and Whitworth Roads	8	13
Bury Rd - Anglescy Rd - The Avenue	9	804
Fareham Road	10	<b>600</b>
Privett Road - Vectis Road	9	-
Clayhall	10	-
Bridgemary Estate	33	toré
Total Manholes Baited	189	82

Complaints of Infestations received and attended to during the year ..... 303

## Table 40 MOSQUITO CONTROL

In the light of new knowledge and following an investigation into the types of mosquito found in the Borough, the use of an oil-bound spray was discontinued and a dispersible powder brought into use. This proved very effective and enabled the work of spraying to be accelerated because it was not necessary for the water with which the powder is mixed to be carried by the operator as was the case with oil.

Regular spraying took place at all known and potential breeding sites under

Regular spraying took place at all known and potential breeding sites under our care. Special attention was given to private premises, and occupiers were advised as to the need for care and treatment of water butts, ponds, etc.,

advised as to the need for care and treatment of water butts, ponds, etc.,

The filling in of low-lying land both by the controlled tipping of household refuse and by the dumping of builders' rubble in privately-owned hollows is
helping to reduce the breeding of mosquitoes.

The cost for wages, material and transport was £362: 3:0d for the year ending December 1955.

## Table 41 PUBLIC CONVENIENCES

(a) There are 18 Public Conveniences in the Borough. They are administered by the Public Health Department through a special Sub-Committee.

(b) The Conveniences have suffered considerable wanton damage. The cost of replacement and repair has amounted to several hundred pounds. This raises the question of having full time attendants rather than merely cleaners at intervals. The matter is under consideration.

(c) It will be noted from Table 30.D that the Public Health Inspectors made 1,495 visits for supervisory purposes.

## Table 42 FACTORIES ACTS 1937 and 1948

## A. INSPECTIONS for purposes of PROVISIONS as to HEALTH

Premises	No. on · Register	Inspections		Occupiers Prosecuted
<ol> <li>Factories in which Sections 1,2,3,4 &amp;6     are to be enforced by Local Authorities</li> <li>Factories not included in (1) in which</li> </ol>	10	30	. 6	
Sect 7 is enforced by the Local Authori 3. Other Premises in which Section 7 is enforced by Local Authority (excluding	ty 94 -	173	19	-
outworkers' premises)	3	10	1	
TOTAL	107	213	26	Nil

## B. CASES in which DEFECTS were FOUND

Partiĉulars		fects Remedied	To	rred By H.M.I.	Prosecutions instituted
Want of Cleanliness (Sect. 1)	4	6	-	3	
Overcrowding (Sect. 2)	-	-	-		-
Unreasonable Temperature (Sect. 3)	-	-	-	-	
Inadequate Ventilation (Sect. 4)	-		-	-	-
Ineffective Drainage of Floors (Sect. 6) Sanitary Conveniences (Sect. 7):-	1	1	-	-	
(a) Insufficient	3	3	***	1	-
(b) Unsuitable or Defective	9	10	***	-	-
(c) Not separate for sexes Other offences against the Act		-	-	-	-
(excluding offences relating to outwork)	2	2			<b>(14)</b>
TOT.L	19	22	Nil	4	Nil

## C. OUTWORK (Sections 110 and 111)

	Section 11	.0		Section	111
workers in August	default in sending Lists to	tions for failure to supply	unwhole- some	Served	
20	-	-	-	_	-
<b>posts</b>					
20	-	-	-	-	_
	workers in August List	Out- Cases of workers default in in sending August Lists to List the Council	in in sending failure August Lists to to supply List the Council Lists	Out- Cases of Prosecu- workers default tions for in in sending failure August Lists to to supply some List the Council Lists premises	Out- Cases of Prosecu- workers default tions for in in sending failure August Lists to to supply some Served List the Council Lists premises

## HOUSING

Ta	ble	43 INSPECTION of DWELLING HOUSES during the YEAR	
			1,242 3,061
	i (b		740 1,421
	3. 4.	Number of dwelling houses found to be in a state so dangerous of injurious to health as to be unfit for human habitation  Number of dwelling houses (exclusive of those referred to under the pre-	
		ceeding sub-head) not in all respects reasonably fit for human habitation	421
Ta	bl.e	So de la Contraction de la Con	ICES
		Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	304
Ta	ble	45 ACTION under STATUTORY POWERS during the YEAR	
		ceedings under Sections 9, 10 & 16 of the Housing Act 1936 occeedings under Public Health Acts:-	Nil
	1.	Number of dwelling houses in respect of which notices were served	
	2.	requiring defects to be remedied  Number of dwelling houses in which defects were remedied after service  of formal notices:- (a) By Owners	76 71
		(b) By Local Authority in default of owners	Nil
C.	Pro	ceedings under Section 11 & 13 of the Housing Act 1936 and/or Sections 10 & 11 of the Local Government (Miscellaneous Provisions) Act 1953:-	
	1. 2. 3.	Number of dwelling houses in respect of which Comolition Orders were made Number of dwelling houses in respect of which Closing Orders were made Number of dwelling houses in respect of which Undertakings were accepted	3 5 1
D.	Pro	ceedings under Sections 25-29 of the Housing Act 1936:-	
	1.	Number of Clearance Orders made (later dealt with as Compulsory Purchase Orders)	2
		Number of Areas contained in above Orders  Number of dwelling houses Confirmed as Unfit in above Orders	8 79
Ta	ble	46 HOUSING ACT 1936 - Part IV - OVERCROWDING	
A.		Number of overcrowded dwellings on our register at the end of the year Number of families dwelling therein Number of persons dwelling therein	3 3 30
В.		Number of new cases of overcrowding reported during the year	Nil
		Number of cases of overcrowding relieved during the year Number of persons concerned in such cases	1
D.	aſ	Particulars of any cases in which dwellings have again become overcrowded ter the Local Authority have taken steps for the abatement of overcrowding	Nil
Ta	ble	47 SLUM CLEAR NCE - POSITION at 31st DECEMBER 1955	
		Total Number of Houses Demolished	395
Ta	ble	48 HOUSING PROGRESS	
	and order	During Tota 1955 Post-W.	
	New	Houses Built Permanent (By Local Authority) 211 ) (By Private Enterprise) 190 ) 3,19	

War Destroyed Houses Re-Built

Temporary (Prefab. by Local Authority)

600

170

Table 49	ESTIMATED CONDITION of HOUSING	
	(As contained in Special Housing Survey Report, June 1955)	
Group A.	Sound Houses (suitable as modern homes)	11,182
Group B.	Unfit Houses For Closure or Demolition (cannot be made fit for human habitation at a reasonable expense)	180
Group C.	Good Houses (unsuitable as modern homes, require improvement or conversion)	1,2776
Group D.	Unfit Houses (can be made fit for human habitation at a reasonable cost)	2,405
Group E.	Houses being Dealt With by Local Authority (In Clearance Areas 89: Individually Unfit 6)	95
		15,638
Table 50	WORK of PUBLIC HEALTH INSPECTORS - HOUSING DUTIES (not recorded els	ewhere)
	Inspections for Overcrowding 10 Inspections for Houses-let-in-Lodgings 28	

SECTION F

92

Inspections re Applications for Council Houses

## INSPECTION and SUPERVISION of FOOD

## Table 51 MILK SAMPLING

Testing to note compliance with the
Milk (Special Designations) (Raw Milk) Regulations 1949
and

Milk (Special Designations)(Pasteurised and Sterilised Milk) Regulations 1949 was carried out with the following results:-

Simulation allows design dissimilation and the uniteractive and the confidence of the confidence	Number		Number of	Samples
Class of Milk	of Samples Examined	Tests	Passed.	Failed
Pasteurised	106	Phosphatase	106	
		Methylene Blue	97	9
T.T. Pastcurised	22	Phosphatase	21	1
I.I. FastGurised	44	Methylene Blue	20	(2 Test void)

The Phosphatase Test is for adequacy of Heat-treatment and the Methylene Blue Test for keeping quality and bacterial count.

## Table 52 TESTING of MILK BOTTLES

24 sample milk bottles were submitted for tests of sterility. 21 of the bottles were satisfactory and 3 were unsatisfactory.

## Table 53 TESTING OF CLE'NSING FLUIDS (MILK CONTROL)

8 samples of fluid used for cleansing of milk bottles, utensils etc., were submitted for examination and all were satisfactory.

Appropriate action was taken on all unsatisfactory reports

## Table 54 REGISTRATIONS (MILK CONTROL)

Under Milk and Dairies Regulations 1949: Dairies (other than dairy farms)
Distributors

## Table 55 LICENCES (MILK CONTROL)

(a) Under Milk (S.D.)(P. and S.M.) Regulations 1949

(/		()				
		Pasteuri	sers			3
		Dealers	(Pasteurised	1)		2
		33	11	Suppl	ementary	1
		11	(Sterilised)	)		1
		17	11		ementary	1
(b)	Under Milk		M.) Regulat:			
		Dealers	(Tuberculin	Tested	)	5
		11	tt	5.5	Supplementary	1

## Table 56 MEAT and OTHER FOODS CONDEMNATIONS

Our meat - except for 81 pigs and 1 beast slaughtered at one private slaughterhouse is the remain a case from the splanthers a consider the Borough safes the Control of Food Control.

278 lbs Beef, 6 lbs Calf Tongues,  $7\frac{1}{4}$  lbs Pork, 86 lbs Pigs' Liver, 2 pairs Pigs Lungs and 114 lbs Frozen Ox Cheeks and 38 lbs Frozen Ox Liver were condemned.

Other foodstuffs condemned as unfit for human comsumption were as follows:-

## Government Victualling Establishment

Baked Beans	82 tins	Potatoe Powder Mash	67 lbs
Beef Extract	8 botts	Rice	81 lbs
Biscuits	162 lbs	Sobid Packed Apples	10 tins
Celery Seed	3 tins	Tea & Coffee	57 <del>1</del> 1bs
Cereals	101 tins	Tinned Bacon	394 tins
Chocolate	326 lbs	" Cheese	101 "
De-hydrated Vegetables	24 lbs	" Fish	753 "
Dried Fruit	6606 ""	" Fruit	1051 "
" Vegetables	451 "	" Jam & Marmalade	156 "
Frying Oil	184 "	" Meat	2619 "
Jams & Syrups	412 "	" Meat &	
Lard	7 tins	Vegetables	1466 "
Malt & Yeast	283 <del>1</del> 18s	" Milk	2045 "
Meat Extract	32 tins	" Rice Puddings	306 "
Milk Powder	38 lbs	" Sausages	353 "
Oatmeal	49 "	" Tomatoes	390 "
Pickles	129 jars	" Vegetables	4305 "

## Others

Bacon Calf Tongues Cereals Cheese Spread Chicken Crabs Fish " Cakes " Roes Flour Frozen Egg	15\frac{3}{4}\lbs 6 " 8 pkts 7 pkts 10\frac{1}{2}\lbs 325 " 932 " 36\frac{1}{2}" 14 " 1 " 28 "	Lemon Squash Margarine Pickled Onions Sausages Sultanas Tinned Chocolate Drink "Fish "Fruit "Meat "Milk "Soup	6 1 35 1	bott lbs jar lbs lb tin tins " "
Flour	1 "	" Milk	119	
Gravy Salt Ham	$8 \text{ oz.}$ $157\frac{3}{4}$ lbs	" Vegetables Turkey (Irish)	428 1	11

## Table 57 FOOD & DRUG SAMPLES

### Taken Under Food and Drugs Act 1938

		Genuine		Unsatisfactory			Total			
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total	
Milk	45	16	61	-	-	-	45	16	61	
Other								TO BUILD AND AND AND AND AND AND AND AND AND AN		
Foods	4	96	100	-	9(a)	9	4	105	109	
Drugs	~	9	9	-	2(b)	2	_	11	11	
Total	49	121	170	-	11	11	49	132	181	
Drugs	49	9	9				4 - 49	11	11	

## Table 58 FOOD & DRUG SAMPLES - ACTION TAKEN re UNSATISFACTORY SAMPLES

1 Informal Sample of Milk (Fat 3.5%, Solids-not-Fat 8.4%, Freezing Point Depression 0.54) was found to be 1.1% Deficient of Solids-not-Fat but was reported genuine as freezing point indicated that this was due to the condition of the cows and not to the presence of added water.

(a)(1) Tomato Ketchup

Label offence.
Failed to give name and address of packer or state "Registered Trade Mark".

Managing Director of Manufacturers interviewed by appropriate Sampling Officer. Discrepancy on small labels due to printers using a contraction - larger labels satisfactory - and small labels to be re-printed to conform.

(2) Ham Cheese Spread

Unsatisfactory designation. Emphasis given to Ham whereas the sample is essentially Cheese Spread with Ham Flavour.

New labels printed "Cheese Spread with Ham".

(3) Baking Powder

Label Offence. Failed to give address of packer or state "Registered Trade Mark."

Manufacturers to print new labels to include "Registered Trade Mark."

(4) Cake Flour

Unsatisfactory designation. Should be discribed as Cake Flour
Mixture because Cake
Flour is a description
for a special type of
flour. List of ingredients did not disclose
sugar in the order of
proportion by weight.

Manufacturers interviewed by appropriate Sampling Officer. Carton no longer in use. Carton in current use satisfactory.

(5) Shredded Suet (Prepacked) Unsatisfactory designation. Contained 1% of fibrous tissue, and therefore the appropriate designation is "Chopped Raw Suet."

Manufacturer advised accordingly.

(6) Pork Sausages

Contained 23% lean Meat 42% fat. In my opinion not more than half the meat content should consist of fat. In this sample 9% of lean meat has been replaced by fat.

Analyst's comments conveyed to Manufacturer by Town Clerk on instructions from Health Committee.

(7) Pork Sausages

Total meat 59 per cent instead of not less than 65 per cent. Contained 220 p.p.m. sulphurdioxide preservative.

Manufacturer Warned.

(8) Custard Powder (Prepacked)

Label offence. No name and address of packer or registered trade mark given.

Individual packets which had been taken from damaged (but correctly labelled) carton and sold separately. Vendor warned.

(9) Crab Paste

Inferior quality. Contained protein equivalent to 58 per cent of average crab meat.

The sample was of Norwegian origin. It is understood that Norwegian Canners claim that natural variation of protein in Norwegian Crabs extends over a wide range. This point is under consideration by the Association of Public Analysts.

(b)(1) Eastons Syrup	Deteriorated. Contained crystalline deposit of iron phosphates. Deficient of 42 per cent of Ferrous Phosphate in solution.	Very old stock. Remainder of Stock destroyed.
(2) Zinc Ointment	Unsatisfactory ointment base. Oxidised to a hard waxy consistency by long storage.	Very old stock. remainder of stock destroyed.

## Table 59 ICE CREIM. REGISTRITION of PREMISES

For Manufacture only 2 For Sale only 161

## Table 60 ICE CREIM SIMPLING

No. of	The transfer and the transfer and	organismus alexis delicitate indigental conqui-		inglift-right-life (drubble) - then bloomly	y dig a color — dig not dira a selle a dila a militara di distribui.	% in	vals väivitäkse äyrvaljuundrujoitu vali	
Samples	,	Samples I	Reported		% in	Grades	% in	% in
Taken	Grade 1	Grade 2	Grade 3	Grade 4	Grade 1	1 or 2	Grade 3	Grade 4
112	56	28	19	9	50%	75%	16.9%	8.1%

The Public Health Laboratory Service advises that samples should be judged on results of a series and suggests that over a six-monthly period

50% of Samples should fall into Grade 1 80% " " " " Grades 1 or 2 Not more than 20% " " " " Grade 3 and no " " " Grade 4

In addition 33 Iced Lolly Samples were examined and all except 3 were satisfactory.

In all cases of unsatisfactory reports the manufacturer and retailer were advised verbally and by circular letter re precautions to be taken to prevent contamination.

# Table 61 WORK of PURLIC HEALTH INSPECTORS - FOOD CONTROL DUTIES VISITS and INSPECTIONS

Α.	Inspections of Premises	Bakehouses	45	
		Butchers shops	183	
		Fishmongers and Poulterers	95	
		Greengrocers and Fruiterers	93	
		Grocers and Other Food shops	343	
		Food Preparing premises	59	
		Dairies and Milkshops	48	
		Ice-Cream premises	213	
		Preserved Food premises	49	
		Cafes	198	
		Hawkers	64	
		Slaughterhouse	19	1,409
В.	Visits in Connection with Sampling	Food and Drugs sampling	181	
	gentleterelle velansegenellermiller die Arbeitrelle gelt sommelle. I die g. Henrequest frieseningen (genoder die e. die . die velaning i velan egintlegenigh, jeder egintleg	Ice-Cream sampling	145	
		Milk sampling	160	
		Water sampling	21	507
C.	Inspection of Food	Number of Visits to All types		
	quar de : as enquê este enquê este enquê este enquê este enque que este este este este este este este es	of Premises in Connection with		
		Inspection of Food	153	133
D.	Miscellaneous Visits		27	27
	the representation of the control of			2,076
				Secretarion annotation and Secretarion Secretarions

## GENERAL PROVISION

of

## HEALTH SERVICES for the AREA

### Table 62 LABOR TORY FACILITIES

Public Health Laboratory Service, Central Laboratory, Milton Road, Portsmouth (Port. 74785)

Public Analyst's Laboratory,
Trafalgar Place, Clive Road, Portsmouth (Port. 5482)

## Table 63 AMBULINCE FACILITIES

The Ambulance Station in the Borough is situated in Privett Road and is one of the five stations (Fareham, Gosport, Havant, Hedge End, Petersfield) in the South-Eastern Division of the County Ambulance Service. The work of these Stations is co-ordinated at the Main Station at Fareham and it is there that all calls for ambulances are received. Written requests for transport should be sent to the County Ambulance Station, The Tannery, North Wallington, Fareham, and verbal requests telephoned to Fareham 2170.

The Local Health Authority is not under obligation to make arrangements for the conveyance of all persons suffering from illness but only of those for whom special transport such as the Ambulance Service provides is necessary. Under normal circumstances, therefore, transport can be provided only on the authority of a doctor but in an emergency an ambulance can be obtained by anyone using the "999" system provided by the Post Office telephone service.

### Table 64 HOME NURSING and NIDWIFERY

Nurses and Midwives, unless out on urgent cases, can normally be reached at their own homes before 9 a.m., between 1.0 and 2.0 p.m., and in the evening.

District Nurses	
Miss D. Bransbury, 39 The Croft, STubbington.	(Stubb. 295)
Mrs. D. Cox, 78 Rothesay Road, Gosport	(Gosp. 88905)
Mrs. E. Green, 25 Bay Road, Alverstoke.	(Gosp. 8533)
Miss B.M. Lawrence, 11 Fieldmore Road, Hardway	(Gosp. 89292)
Mrs. I. Martin, 15 Dorrien Road, Elson	(Gosp. 88495)
Miss V. M. Morgan, 96 Sydney Road, Gosport	(Gosp. 88722)
Miss S. M. Pearce, 263 Forton Road, Gosport	(Gosp. 8039)
Midwives	
Miss M.E. Fisher, 89 Anns Hill Road, Gosport	(Gosp. 89330)
Mrs. P. Fisher, 36 Cuckoo Lane, Stubbington	(Stubb. 301)
Mrs. C. Gow, 146 Beauchamp Ave, Bridgemary	(Gosp. 88513)
Miss G. Larcombe, 6 Elmore Close, Lee-on-Solent	(Lee. 79479)
Mrs. D. O'Neill, 34 Windsor Road, Gosport	(Gosp. 89974)
Mrs. N. Pettigrew, 84 Privett Road, Gosport	(Gosp. 8047)
Mrs. F. Thompson, 21 Thorton Road, Elson	(Gosp. 89997)

### Table 65 HOME HELP SERVICE

The County Council has established a Home Help Service to give help on medical recommendation to households where, owing to sickness, pregnancy, lying-in, old age or other reason, such help is necessary and connot be obtained otherwise. Charges are made in accordance with the domestic circumstances. A leaflet on the service giving full particulars is obtaineable from,

The local Home Help Organiser, Mrs. D. Moore, 145 High Street, Gosport (Tel. Gos. 89131)

#### Table 66 MITERNITY and CHILD WELFARE

#### HELLTH VISITORS (a)

Mrs. E.M. Edwards, 32 Findon Rd, Elson, GOSPORT

49 Kings Rd, GOSPORT. Miss K.P. Glister,

Miss F.E. Jones, 61 Rothesay Rd., Elson, GOSPORT Tel. 8461

Mrs. M.E. Lutman, 41 Prideaux-Brune Avenue, BRIDGEMARY, Gosport

Health Visitors can normally be reached at their own homes before 9 a.m. and after 5 p.m.

(b) INTE-NATAL RELAXITION CLASSES Are held at the Blake Maternity Home on Monday The instruction is given by the County Midwives.

are held at the Blake Maternity Home on Thursday at 2 p.m. (c) ANTE-NATAL CLINICS

(d) CHILD WELFARE CENTRES are held as under:-

> Every Tuesday HISON Blake Maternity Home 2 p.m.

> Every Monday FORTON Crossways Social Hall

9-30 a.m. to 12 noon 2 to 4 p.m.

Every Thursday BRIDGEMERY Holbrook School, Fareham Road

9-30 a.m. to 12 noon 2 to 4 p.m.

Every Thursday HILL of CHRIST the KING, Wych Lane

9-30 a.m. to 12 noon

Every Thursday HOLBROOK SCHOOL Fareham Road 2 to 4 p.m.

Every Wednesday STOKE ROAD Methodist Sunday School room 9-30 a.m. to 12 noon

2 to 4 p.m.

1st and 3rd Tuesdays LEE-ON-SOLENT The Lowry Hut in each month from 2 p.m.

#### Table 67 COUNTY COUNCIL SPECIAL CLINICS

The following Clinics are held at "The Gables" Spring Garden Lane (Tel Gos. 8032)

#### (a) CHILD GUID NCE CLINIC

Dr. L. Rosenberg, Psychiatrist, holds a clinic every Wednesday, all day. Psychologist attends every Thursday, all day. Psychiatric Social Worker attends both clinics. Children are seen by appointment only.

(b) MINOR ORTHOPAEDIC CLINIC

> This is attended by Dr. P.V. Pritchard every second Tuesday in the month in the mornings. Cases are seen by appointment only.

#### (c) SPEECH CLINIC

Attended by Miss K.M.L. Dickson, L.C.S.T. For treatment of speech disorders in children under school age and children attending maintained schools. Patients are seen, by appointment only, Mondays a.m., Wednesdays and Fridays all day.

#### Table 68 SCHOOL and MINOR AILMENTS CLIVIC

This Clinic is held at the Divisional Health Office, 2 Stoke Road, (Tel. Gosp. 89131)

It is open daily, except Saturdays, at 9-30 a.m.

It is attended by Dr. P.V. Pritchard, The Divisional School Medical Officer. Children are referred to it for treatment of minor ailments and injuries, for special medical examinations and supervision, and immunisation.

It is also used by parents, teachers and doctors for consultations with the Medical Officer.

Adults are also examined for superannuation and such like purposes.

The County Audiometrician attends every second Wednesday afternoon in the month to test children only by appointment with the gramaphone audiometer. These are cases referred to this clinic because they have, or are suspected to have, defective hearing.

— 30 —

## Table 69 DENTAL CLINIC

This clinic is held at the Divisional Health Office, 2 Stoke Road, (Tel. Gosp. 89131) It is open daily and alternate Saturday mornings. It is attended by one Full-time Dental Officer - Surg. Rear-Admiral (D) F.R.P. Williams C.B.E. and part-time Dental Officer Mr. W.J.A. Reed.

About half the Gosport area is now covered for routine inspection and treatment; those schools unfortunately excluded, owing to lack of staff, are the following:Forton St. John, Grove Road, Privett, Holbrook, Bridgemary, Bedenham and Woodcot.

Emergency treatment for the relief of pain is available for children attending the Schools in the "uncovered" areas and a clinic for such treatment is held on Tuesday mornings.

On reference to the County Medical Officer by the Doctor booked or by a doctor in charge of an ante-natal clinic or by the Health Visitor, or midwife any expectant or nursing mother can obtain any necessary dental treatment, including dentures, free, through the County Dental Service. Treatment can also be obtained for any pre-school child in Gosport on application to the Dental Officer at the Clinic.

## Table 70 HØSPIT, L BOARD SPECIAL CLINICS

The following clinics for our children are held at "The Gables", Spring Garden Lane by arrangement with the Regional Hospital Board:-

## (a) MAJOR ORTHOP/EDIC CLINIC

Surgeon's Day 3rd Tuesday morning in the odd months of year Remedial Day .Every Friday, all day.

### (b) OPHEHALMIC CLINIC

Every Wednesday afternoon.

## (c) THE TUBERCULOSIS or CHEST CLINIC

This Clinic is for patients of all ages.

Mondays 9-45 a.m.

to 12 noon. Old Patients and 2 p.m. New Patients

Tuesdays 9-30 a.m. By appointment only

1-30 p.m. Refill Session

Monday 5-30 p.m. Every third Monday in month an evening clinic.

## Table 71 EAR, NOSE and THROAT CLINIC

Cases for examination by an Ear, Nose and Throat Specialist are referred to the Gosport War Monorial Huspital Executal Department.

## Table 72 VENERE'L DISELSES CLINIC

Clinics are held at St. Mary's Hospital, Portsmouth (Tel. Port. 2476)

For Males Tuesdays 10 - 12 noon Thursdays 5 - 7 p.m.

For Females Mondays 5 - 7 p.m.

Wednesdays 2 - 4 p.m.

Fridays 10 - 12 noon

## Table 73 HOSPITAL and NURSING HOME Service for the Area is:-

### Table 74 DAY NURSERY

Podds House, 185 Brockhurst Road, Gosport (Tel Gosport 89508) Accommodates 70 children between the Ages of 0 and 5 years.

A Priority System is in operation in regard to admission to County Council nurseries, and Priority Cases are as follows:-

- (a) Children whose mothers are obliged to work as sole or main supporter of the family, i.e. unmarried mothers and widows, or cases where the husband is unable to follow full-time employment on account of ill-health.
- (b) Children whose mothers are ill or are unable, for some reason, to care for them themselves.
- (c) Cases of overcrowded or unsuitable home conditions, where it is necessary in the interests of the child on health grounds.

Children not coming within the above categories are admitted on the understanding that if the vacancy should be required for a priority case, the child will be withdrawn.

## Table 75 OCCUPATION CENTRE FACILITIES

St. Faith's Institute, Leesland Road, Gosport.

Children if suitable for admission are admitted from Gosport, Fareham, Shedfield, Swanmore and Wickham. Also from any place within reasonable distance having regard to transport facilities and age and ability of defective.

## Table 76 VACCINATION against SMALLPOX

This is normally carried out by the family doctor, but Medical Officers attached to Child Welfare Centres will also carry out this service on request.

### Table 77 IMMUNISATION

The Official Scheme was extended in May 1955 to include Whooping Cough as well as Diphtheria. The Scheme has been further extended in 1956 to include Tetanus in Triple Antigen form only.

### Table 78 REMOVAL of PERSONS in NEED of CARE and ATTENTION

i ii This is Borough responsibility under Section 47 of the National Assistance Act 1948 and the National Assistance (Amendment) Act 1951,

One aged and infirm female - detained in hospital accommodation under these provisions - died before the first date in the year on which application for Renewal of the Court Order was due to be made.

In the case of another aged and infirm female - who had previously been detained in hospital accommodation under these provisions, but had been allowed to return home - it was found necessary to make application to the Court for another Removal Order. This Order and continuing quarterly Renewals were granted by the Court and the old lady was detained in an institution which specifically cares for such cases.

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